

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/21/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445242		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - WING B. WING _____		(X3) DATE SURVEY COMPLETED C 01/14/2022	
NAME OF PROVIDER OR SUPPLIER GREYSTONE HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 181 DUNLAP ROAD BLOUNTVILLE, TN 37617			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>Stories: 3 Construction Type: II (111) Building drawings not available Constructed: 1981 Sprinkled: Yes Census: 90 Certified Beds: 160</p> <p>A Life Safety Self-Report Investigation Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities on 1/14/2022. During this life safety survey, the facility was found in substantial compliance with the requirements for participation in Medicare/Medicaid with Title 42 CFR Subpart 483.90(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.</p> <p>Note: The survey process was modified during this COVID-19 Public Health Emergency as allowed by the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers and QSO Memo 20-31- All.</p> <p>The requirement at 42 CFR, Subpart 483.90(a) is MET as evidenced by:</p>			K 000			
K9999	<p>FINAL OBSERVATIONS</p> <p>During the Life Safety portion of the survey conducted on 1/14/2022, no deficiencies were cited under 42 CFR Part 483, Requirements for Long Term Care.</p>			K9999			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.